

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS, FEP or FDPIR follow these instructions:

Part 1:

List child(ren)’s name, school, grade, and a Food Stamp, FEP or FDPIR case number.

Part 2:

Check the appropriate box, if any.

Part 3:

Skip this part.

Part 4:

Skip this part.

Part 5:

Sign the form. A Social Security Number is not necessary.

Part 6:

Answer this question if you choose to.

Check the appropriate box.

Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1:

Use a separate application for each foster child. List the child’s name, school, and grade.

Part 2:

Skip this part.

Part 3:

Check the box and list the child's personal use monthly income, if any.

Part 4:

Skip this part.

Part 5:

Sign the form. A Social Security Number is not necessary.

Part 6:

Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1:

List each child’s name, school, and grade.

Part 2:

Check the appropriate box, if any.

Part 3:

Skip this part.

Part 4:

Follow these instructions to report total household income from last month.

Column 1–Name:

List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received.

Next to each person’s name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income:

If the person does not have any income, check the box.

Part 5:

An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn’t have one.

Part 6:

Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp, FEP or FDPIR case # (if any). Skip to Part 5 if you list a Food Stamp, FEP or FDPIR case #	Student ID

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box.

Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child’s personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X_____ Print name:_____

Address:_____ Phone Number:_____

Social Security Number: ____ - ____ - ____ ☐ I do not have a Social Security Number

Part 6. Children’s racial and ethnic identities (optional)

Mark one or more racial identities:

☐ Asian

☐ American Indian or Alaska Native

☐ White

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ Other

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Don’t fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free____ Reduced____ Denied____ Reason: _____

Temporary: Free____ Reduced____ Time Period: _____ (expires after ____ days)

Determining Official's Signature: _____ Date: _____ Error prone: ☐

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children’s well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (sending in this form will not change whether your children get free or reduced price meals).

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Signature of Parent/Guardian: _____Date: _____

Printed Name:_____

Are your kids covered?

The Children’s Health Insurance Program (CHIP) is a state program for uninsured Utah children. Many children who qualify for CHIP come from working families. *If your family qualifies for free and reduced price meals, your child may also qualify for CHIP.* For example, a family of four earning up to \$42,400 a year may be eligible. In addition to qualify, children must be under age 19, U.S. citizens or legal residents, and not currently covered by other health insurance.

CHIP covers:

- Well-child exams
 - Immunizations
 - Prescriptions
 - Hearing and eye exams
- Hospital and emergency care
 - Doctor visits
 - Mental health services
 - Dental care

The Utah Department of Health also offers insurance options for adults.

For more information or to apply, call or visit:

1-877-KIDS-NOW www.health.utah.gov/chip

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2008 - 2009			
Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	6,660	555	129

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Family Employment (FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 800-795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.